



NTS 2025 Volunteer Registration Form

First Methodist Church Clewiston, FL

Event: 2/7/25 6-9pm @ 331 W Osceola Ave, Clewiston 33440

Fax when completed to: 561-996-5598

Or Email completed form: NTSClewiston@yahoo.com

Note: All NTS participants must complete/send a Media Release Form.

Information

First Name: _____ Last Name: _____

DOB: _____ Gender: Female: ____ Male: ____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Parent Name (if under 18): _____ Parent Phone: _____

Emergency Contact During Event: _____

Emergency Contact Phone: _____

A current background check is required for ALL volunteers over the age of 18.

I have had a background check within the last 12-18 months: Yes: ____ No: ____

*Please provide **First Methodist Church Clewiston** a copy of your current background check with this application.*

If no, please complete this section and your signature (page 2) authorizes First Methodist Church of Clewiston to facilitate a background check:

Legal Name: _____ Drivers Lic # _____ State: _____

If you are under the age of 18, a permission authorization signed by your parent/guardian is required to volunteer. Please have your parent or guardian complete the following:

I authorize _____ to volunteer for the NTS Event at First Methodist Church of Clewiston on February 7th, 2025 from 6-9pm and permit them to attend all training events.

X _____ parent/guardian signature _____ date

Special Skills/Training (please check all that apply): _____

-
- ____ Fluent in American Sign Language (ASL)
____ Special Education Teacher
____ Healthcare Professional (if so, please list field _____)
____ Current Volunteer in my church's _____ Special Needs Ministry
____ Other

If Other, please explain: _____

I Have Volunteered at Night to Shine Before: Yes: ____ No: ____

Volunteer Role Requested (**Please number your top three choices.** We will consider your request but cannot guarantee a specific role):

- | | |
|--|--|
| <input type="checkbox"/> Activities | <input type="checkbox"/> Medical (please let us know if you are a certified EMS/EMT or practicing doctor or nurse) |
| <input type="checkbox"/> Bathroom Attendant | <input type="checkbox"/> Paparazzi |
| <input type="checkbox"/> Buddy | <input type="checkbox"/> Parking |
| <input type="checkbox"/> Buddy Check-In | <input type="checkbox"/> Red Carpet |
| <input type="checkbox"/> Coat Check | <input type="checkbox"/> Respite Room |
| <input type="checkbox"/> Floaters | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Flowers | <input type="checkbox"/> Sensory Room |
| <input type="checkbox"/> Food Prep | <input type="checkbox"/> Set-Up |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Social Media Photographer |
| <input type="checkbox"/> Gift Takeaway | <input type="checkbox"/> Tear Down |
| <input type="checkbox"/> Guest Registration | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Hair, Makeup and Shoeshine (please let us know if you are a hairdresser or makeup artist) | <input type="checkbox"/> Volunteer Check-In |
| <input type="checkbox"/> Security (please let us know if you are an authorized member of local law enforcement) | <input type="checkbox"/> Where I Am Needed Most |

Additional Note: _____

X _____ ***This signature authorizes First Methodist Church Clewiston to facilitate a background check.***

NTS NOTES: _____ PAGE 2 of 2 END